

PROM SS

Premature Rupture of Membranes

MEDICATIONS

Antibiotic medications [Evidence](#)

- Ampicillin (Omnipen) 2 Gm IVPB Q 6 Hrs x 48 Hrs
- ERYthromycin Lactobionate (Erythrocin) 500 mg IVPB Q 6 Hrs x 48 Hrs
- Amoxicillin (Amoxil) 500 mg Po Q 8 Hrs x 5 days, start 6 Hrs after last IV ampicillin dose.
- ERYthromycin Base (Ery-Tab) 333 mg Po Q 8 Hrs x 5 days, start 6 Hrs after last IV ERYthromycin dose.

For patients with severe Allergy to Penicillin (i.e. - anaphylaxis, respiratory distress, angioedema, hives)

- Clindamycin (Cleocin) 900 mg IVPB Q 8 Hrs x 48 Hrs
- Gentamicin (Garamycin) 7 mg/Kg (use IBW) = _____mg IVPB Q 24 Hrs x 2 doses
- Clindamycin (Cleocin) 300 mg Po Q 8 Hrs x 5 days, start 8 Hrs after last IV clindamycin dose

Other medications: _____

***All labs/diagnostics will be drawn/done routine now unless otherwise specified**

LABORATORY - Chemistry

- Basic Metabolic Panel (BMP)

REMINDERS

- For patients between 32 and 34 weeks of gestation, the evidence for the use of prenatal corticosteroids is inconclusive [Evidence](#)
- Patients prior to 32 weeks of gestation should receive prenatal corticosteroids [Evidence](#)
- For patients who have reached the stage of fetal viability and who are known to be carriers of group B streptococcus or who will deliver before carrier status can be determined, antibiotic prophylaxis against neonatal group B streptococcal infection should be administered, regardless of prior antibiotic treatment ---For patients with PROM, avoid routine administration of amoxicillin-clavulanic acid
- For patients with PROM who are being managed expectantly or for patients with PROM and signs of infection, antibiotics should be administered to prolong gestation and reduce neonatal morbidity
- For patients without signs of infection, avoid routine administration of antibiotics
- No tocolysis after 32 weeks
- Offer delivery to the patient after 34 weeks.

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MEDITECH NAME: PROM SS

MEDITECH MNEUMONIC: OB.PROM

ZYNX-PROM SS

DRAGOO/KANOFSKY

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